Pick n Pay
Medical scheme

Dependant confirmation (over 21 years)

PLEASE COMPLETE IN BLOCK LETTERS.

Membership number		Employee number	
Name of main member			
Region			
Name of dependant			
ID/Passport number of dependant			

Please tick the appropriate boxes below, attach the required documentation and sign the form before returning it via internal mail or email to your regional salary/wage office.

Internal mail
Cecile van der Vyver
Pick n Pay: Employee Benefits Division
Pick n Pay Office Park
101 Rosemead Avenue
Kenilworth
7700

Email
cvandervyver@pnp.co.za

1. **Student**

☐ Please keep my over 21-year-old dependant, who will be a registered student in 2027, registered as my dependant. Proof of my dependant's student registration is attached.

2. **Physically and/or mentally disabled**

☐ Please keep my over 21-year-old dependant, who is physically and/or mentally disabled, registered as my dependant. Proof of my dependant's medical condition is attached.

3. **Financially dependent**

☐ Please keep my over 21-year-old dependant, who is financially dependent on me, registered as my dependant.

☐ I acknowledge that the full adult dependant rate applies from 1 April 2027.

☐ Proof of my dependant's financial dependency is attached.

4. **Cancellation of membership**

☐ Please cancel the membership of the above-mentioned dependant.

Signature

Date DD/MM/YYYY